



**Texas Department of Insurance
Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: DALLAS DOCTOR'S PROFESS. ASSOC. 2351 W. NW HWY #3100 DALLAS, TX 75220	MFDR Tracking #: M4-09-B513-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: ILLINOIS NATIONAL INSURANCE CO Box #: 19	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The above dates of service were initially denied by AIG/CS per denial code: 23, "The impact of prior payer(s) adjudication including payments and/or adjustments." On all dates of service, all modalities and the number of units per modalities were preauthorized prior to being administered. Refer to pre-authorization #048510303. According to the letter from HDI-HEALTH DIRECT INC. on behalf of AIG CLAIMS, it states the **TREATMENT HAS BEEN RECOMMENDED AS MEDICALLY NECESSARY.** On 07-17-09 a request for reconsideration was done and submitted to AIG/CS for further review. (Refer to request for reconsideration letter dated 07-17-09). The service that needed to be paid on the above Request for Reconsideration was the 97140 cpt code at 1 unit per session for three dates of service. 1. On 06-10-09, AIG/CS made payment for the above dates of service, excluding the 97140 cpt code. According to the enclosed pre-authorization letter dated 05-18-09 – All requested treatment was deemed medically necessary, which included the 97140 cpt code. There were no modifications to the requested modalities listed on the enclosed Pre-authorization Request letters dated 05-13-09, by our facility to the AIG U.R. Department. Therefore, the 97140 cpt code still needs to be paid accordingly for the above dates of service. The following Cpt Code and # of units still needs to be paid; - For date of service 05-26-09 Cpt Code 97140 @ 1 unit. – For date of service 05-27-09 Cpt code 97140 @ 1 unit. – For date of service 05-28-09 Cpt Code 97140 @ 1 unit."

Amount in Dispute: \$98.10

PART III: RESPONDENT'S POSITION SUMMARY

The Respondent did not respond to this dispute.

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
5/26/09	97140-GP	$53.68 \div 36.0666 \times \$26.16 = \$38.94$	\$32.70	\$32.70
5/27/09	97140-GP	$53.68 \div 36.0666 \times \$26.16 = \$38.94$	\$32.70	\$32.70
5/28/09	97140-GP	$53.68 \div 36.0666 \times \$26.16 = \$38.94$	\$32.70	\$32.70
			Total Due:	\$98.10

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.

2. 28 Tex. Admin. Code §133.3 sets out the guidelines for communications between health care providers and the insurance carriers.
3. 28 Tex. Admin. Code §134.600 sets out the guidelines for preauthorization, concurrent review and voluntary certification of health care.
The services in dispute were reduced/denied by the respondent with the following reason codes:
- 4.

Explanation of benefits dated 6/10/2009

- 23 – The impact of prior payer(s) adjudication including payments and/or adjustments.

Explanation of benefits dated 7/31/2009

- 23 – The impact of prior payer(s) adjudication including payments and/or adjustments.
Our position remains the same. If you disagree with our decision, please contact the TWCC Medical Dispute Resolution.

Issues

1. Did the carrier process the bills with sufficient detail to allow the requestor to identify the information related to the medical bills?
2. Were the services in dispute preauthorized?
3. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to rule §133.3 (a) Any communication between the health care provider and insurance carrier related to medical bill processing shall be of sufficient, specific detail to allow the responder to easily identify the information required to resolve the issue or question related to the medical bill. Generic statements that simply state a conclusion such as "insurance carrier improperly reduced the bill" or "health care provider did not document" or other similar phrases with no further description of the factual basis for the sender's position does not satisfy the requirements of this section. The insurance carrier denied payment of the bills based on reason code "23- the impact of prior payer(s) adjudication including payments and/or adjustments" without any further explanation to clarify this denial. It is unclear what the actual denial reason(s) are. Furthermore, the respondent did not respond to this dispute clarifying why the disputed medical fees should not be paid. A signed acknowledgement indicates that the respondent was notified of the fee dispute on 8/20/2009 and did not respond to the requestor's allegations. Therefore, the division will review this dispute in accordance with applicable rules and fee guidelines.
2. The disputed CPT code is 97140 of which the requestor billed one unit for dates of service 5/26/09, 5/27/09 and 5/28/09. Pursuant to rule §134.600(p)(5) Non-emergency health care requiring preauthorization includes: physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS). The requestor submitted a preauthorization request to the carrier dated 5/13/2009 which, in addition to other CPT codes not in dispute, supports the request for one unit of CPT code 97140 3 x week for 3 weeks. The requestor also submitted a copy of the appeal determination dated 5/18/2009 from the carrier supporting authorization of 6 sessions of physical therapy. The appeal determination does not list any CPT codes nor does it list a date range for services to be performed. Therefore, reimbursement to the requestor for CPT code 97140 is recommended. The MAR amount for CPT code 97140 x 1 unit is \$38.94 x 3 days is \$116.82. However, the requestor is only seeking \$98.10.

Conclusion

For the reasons stated above, the division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$98.10.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$98.10 plus applicable accrued interest per Division rule at 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Medical Fee Dispute Resolution Officer

1/19/11

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512 -804-4812.